Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN4193AGC		NVN4193AGC		B. WING		11/30/2010	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	1 11/0	0/2010
HOMESTE	EAD OPERATIONS		365 WEST FALLON, N				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU .SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODE	LD BE	(X5) COMPLETE DATE
Y 000	Initial Comments			Y 000			
Y 178 SS=F	The findings and cond by the Health Division prohibiting any crimin actions or other claim available to any party state, or local laws. This Statement of Dea result of an annual complaint investigatifacility on 11/30/10. The was conducted by the Powers of the Health The facility is licensed for Group beds for eleast Category I resident residents. The census was 47. Ten resident employee files were resident file was revied. The facility received as The following deficient 449.209(5) Health and NAC 449.209 5. The administrator of the state of	d for 53 Residential Factorial and disabled persons and 25 Category II is at the time of the survifiles were reviewed and eviewed. One dischargewed.	l as is, ral, red as / rvey 150, cility ons, rey d ten ged	Y 178			
	interior, exterior and lawell maintained.	andscaping of the facili	ty are				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SUI COMPLET	
NVN4193AGC			B. WING		11/30/2010		
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	OVIDER OR SUPPLIER		365 WEST		(TE, ZIP CODE		
HOMESTE	EAD OPERATIONS		FALLON, N	V 89406			
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Y 178	Continued From page	e 1		Y 178			
	failed to ensure the p maintained (wet towe room, toilet paper mis rotting pumpkins in co frame and lumber with	n on 11/30/10, the facility remises were clean and Is left on floor in showe esing in hall bathroom, purtyard, large steel sig th protruding nails left in thy fitting/broken lids on	d well r n				
	Severity: 2 Scope: 3						
Y 255 SS=F	5 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service		446	Y 255			
	chapter 446 of NAC. (b) Obtain the necess	with more than 10 tandards prescribed in arry permits from the Boservices of the Division.					
	Based on observation review on 11/30/10, the	ot met as evidenced by: n, interview and record ne facility failed to ensu with the standards of N	ıre				

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Y 255	Continued From page	2		Y 255			
	1. Cleaning and Sanit	tation Issues:					
	 a. Multiple zip lock bags of previously cooked meat were not properly identified in the walk-in refrigerator. b. The storage container for previously cooked and ready-to-eat meats stored in zip lock baggies was soiled with food seepage. c. An open/unprotected package of crackers was observed in the nourishment room cabinet. 						
			s was				
		vent cover located over vas excessively soiled v					
	2. Equipment and Ma	aintenance Issues:					
	_	-					
	Severity 2: Scope 3						
Y 698 SS=E	Residents Requiring use of Oxygen-Storage			Y 698			
	facility with a resident oxygen shall: (b) ensure that:	ployed by a residential who requires the use on the skept in the facility a to a wall;					
	by: Based on observation	is not met as evidenc n on 11/30/10, the facili	ty did				

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NAME OF PROVIDER OR SUPPLIER HOMESTEAD OPERATIONS			STREET ADDRESS, CITY, STATE, ZIP CODE 365 WEST A STREET FALLON, NV 89406						
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FU IR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
Y 698 Y 878 SS=D	was being used (ro oxygen tanks were storage room. Severity: 2 Scope	ident rooms in which oxyons #34 and #36) and five not secured in the oxyge	ve n	Y 698 Y 878					
	subsection, a mediant physician must be a the physician. If a the amount or time administered to a reason.	esponsible for assisting ir e medication shall:	e in						
	Based on observative review on 11/30/10 administer as need prescribed for 1 of PRN medications with the resident #9 Tylen had only extra-street	not met as evidenced by ion, interview and record, the facility would be unated (PRN) medications as 10 residents because the vere not available in the followas ordered and the fangth Acetaminophen, while of regular Tylenol).	able to sir acility acility						

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HOMESTEAD OPERATIONS			365 WEST A FALLON, NV				
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Y 955	Continued From page	: 4		Y 955			
Y 955 SS=A	NAC 449.2751 Provis	ions for Assisted Living	,	Y 955			
	provide assisted living Health Division to obt license authorizing the provide assisted living 2. The Health Diviapplication for an end pursuant to subsection endorsement granted the residential facility applying or the reside endorsement does not set forth in this section NRS 449.037. 3. If a residential facility is time are identified; (c) To obtain a me and monitor, as necesonce every quarter in resident of the residential facility pursuand monitoring perfor (c).	s and requirements. Il facility that wishes to g services must apply to ain an endorsement on e residential facility to g services. Ision may deny an orsement that is made in 1 or revoke an existin pursuant to subsection for which the applicant intial facility which has a ot satisfy the requirement in or subsections 7 and facility provides assisted itten policies that the equired to develop purs include, without limitat wed: the residential facility uirements set forth in	ng n 1 if is an nts 8 of d uant ion, vsical over seess ach sical id ent raph				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	, ,	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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HOMESTEAD OPERATIONS		365 WEST	A STREET	, 0022			
		FALLON, N	V 89406				
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
Y 955 Continued From pag	e 5		Y 955				
that provides assisted that: (a) A medical prowhenever there has the physical or ment the residential facility condition is declining (b) The residential resources for financi social services that resident of the residential or mental condition is out of the residential 5. The services pfacility that provides include, without limit enable the residential who have the medical described in NAC 44 inclusive, and 449.21 NRS 449.037 Adopting qualifications and otter 7. The Board shall are governing the licensis residential facilities from assisted living service the licensing of a fact groups which provide and a residential facility in facility, the facility materials to the person regard personalized care with and the amount that services throughout facility.	d living services shall en fessional is notified been a significant changal condition of a residen whose physical or mer over time; and all facility maintains a list all assistance and other may decrease the need ential facility whose physical declining over time to facility. Provided by a residential assisted living services ation, services that will all facility to retain reside all needs or conditions 9.2712 to 449.2734, 75. On of standards, her regulations, dopt separate regulations, dopt separate regulation of or groups which provide es. The Board shall not illity as a residential facility for groups shall not sisted living services." It is a person to move into akes a full written disclo	ge in t of ntal of for a sical move must nts allow lity for es claim the sure rson e ne					

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Y 955	contain toilet facilities (2) Contain a sleeping (3) Are shared with an consent of both occup (c) The facility provide residents of the facilit to operating the facilit principles: (1) The facility is desi environment that active each resident 's qual (2) The facility is comhigh-quality supportive developed by the faci resident to meet their (3) The facility provide innovative services the needs of each individed 's personal choice of (4) The operation of the with its residents supplextent possible, each autonomy and their gregarding his or her of (5) The operation of the foster a social climated develop and maintain fellow residents and we community; (6) The facility is desion operated in a manner for its residents to more respective physical and over time; and	se provided in subsecti; g area or bedroom; and nother occupant only upoants. es personalized care to y and the general approxy incorporates these congred to create a reside evely supports and promity of life and right to promitted to offering es ervices that are lity in collaboration with esident's individual news a variety of creative and resident and the resident and the resident and the resident and the resident's need for the facility and its interaports, to the maximum resident's need for to make decisions own life; the facility is designed to the facility in the general relationships with personal relationships with persons in the general great of the facility as the nove out of the facility as and mental conditions characteristics.	the pach pre intial actes and cular sident ction ont to with eral seed their nange	Y 955			
	foster a culture that p environment for the re	rated in such a manner rovides a high-quality esidents, their families, and the community at la	the				

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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED	N OF CORRECTION (X5) E ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE CIENCY)
8. The Health Division may grant an exception from the requirement of subparagraph (1) of paragraph (b) of subsection 7 to a facility which is licensed as a residential facility for groups on or before July 1, 2005, and which is authorized to have 10 or fewer beds and was originally constructed as a single-family dwelling if the Health Division finds that: (a) Strict application of that requirement would result in economic hardship to the facility requesting the exception; and (b) The exception, if granted, would not: (1) Cause substantial detriment to the health or welfare of any resident of the facility; (2) Result in more than two residents sharing a toilet facility; or (3) Otherwise impair substantially the purpose of that requirement.	